## APPLICATION FOR VOTER REGISTRATION IN THE TOWN OF ODESSA

Applicant's Full Name:			M.I.
Mailing Address:			
Street Address:			
Post Office Box Number:			
Are you a citizen of the United States?	Yes	No	
Are you 18 years of age or over?	Yes	No	
Do you reside in the Town of Odessa?	Yes	No	
Have you moved within the past year?	Yes	No	
Intentionally providing misleading or fals applicant.	e informatic	on may result in legal acti	ion against the
<b>IMPORTANT!! YOU MUST PROVIDE PRO APPLICATION!!</b> If approved, you will recovote in a municipal election. You may be	eive your vo	oter registration card the f	
SIGNATURE		<del></del> ,	DATE**
OFI	FICE USE ON	NLY:	
APPROVED:			
NOT APPROVED: REASON:			
SECRETARY SIGNATURE		r	DATE

<sup>\*</sup>Driver's license, utility bill, or item from another agency showing name and physical address.

<sup>\*\*</sup>According to Town Charter, to vote in any election, applications must be submitted according to deadlines which will be posted annually at the Post Office and in the Town Office.